MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11818

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(I)

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 500 S. Washington

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Marie (Last) Armstrong

4. DATE OF DEATH: (Month) I2 (Day) I7 (Year) 49 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/ 5/I886

9. AGE last birthday: 63 yrs. — If under 1 year: Months 9 Days 12 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Patrick McDonald

14. MOTHER'S MAIDEN NAME: Catherine O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John T. Armstrong Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (e) Pulmonary Oedema — Interval between onset and death: 1 Day.

445 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage - Hemiplegia left — 1 week.

(c) Malignant Hypertension Chronic Nephritis — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 39, to Dec 17, 19 49, that I last saw the deceased alive on Dec 17, 19 49, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: John Urchert — (Degree or title) M.D. — ADDRESS: Havre de Grace Md — DATE SIGNED: Dec 18. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: I2/20/49 — NAME OF CEMETERY OR CREMATORY: Mt. Erin — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Dec. 19-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

RECEIVED
DEC 21 1949
BUREAU V. S.

11819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (rural) | LENGTH OF STAY (in this place) 5 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Mexico — COUNTY Socorro
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Socorro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ford	Bartlett	12	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Widowed	Feb 7 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Ford	Harriett Stockham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Miss Margaret Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c) Carcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 1949, to Dec 16, 1949, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles J. Foley	M.D.	Socorro N. Mex	12/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/17/49	Socorro Cemetery	Socorro, Socorro, N. Mexico

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/49	Priscilla Foxwood	Henry Tarring & Sons	Aberdeen Md

VS. A15

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11820

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level	LENGTH OF STAY (in this place) 23 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level, Harford Co. Md.
	STREET ADDRESS (If rural give location) -----

3. NAME OF DECEASED (Type or Print) (First) Berlin	(Middle) Blakeley	(Last)	4. DATE OF DEATH (Month) I2	(Day) I/	(Year) 49			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 1/7/1889	9. AGE last birthday 60 yrs.	If under 1 year Months	Days 29	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fork, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Blakeley (dec.)		14. MOTHER'S MAIDEN NAME Sarah E. Clayton (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth M. Blakeley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2 Arteriosclerosis

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) 1 Coronary Thrombosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/1/, 19 49, to 12/1/, 19 49, that I last saw the deceased alive on 11/30, 19 49, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles J. Foley	MD	Havre de Grace Md	12/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/1/49	Rock Run	Rock Run, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 2 1949	Bertha B. Knight	Pennington & Son	Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11821

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) Subsequent
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md
STREET ADDRESS (If rural give location) 468 W. Bel Air ave.

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) (Last) Bonnett

4. DATE OF DEATH: (Month) Dec. (Day) 31st (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 4th 1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest H. Bonnett

14. MOTHER'S MAIDEN NAME: Johannah L. Brockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Adam Bonnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE PULMONARY EDEMA	1 hour
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LEFT-SIDED VENTRICULAR FAILURE	3 MONTHS
	(c) MYOCARDITIS	3 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 13, 1948, to DEC. 31, 1949, that I last saw the deceased alive on DEC 31, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brown McDonald Jr. M.D. 100 PARKE ST. ABERDEEN MD. JAN 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 3, 1950 — NAME OF CEMETERY OR CREMATORY: Grove Cemetery — LOCATION (City, town, or county): Aberdeen — (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 3. 50 — REGISTRAR'S SIGNATURE: G. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Henry Tarring & Sons — ADDRESS: Aberdeen, Md

VS. A15

RECEIVED
JAN 4 1950
BUREAU T. S.

11822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) M (Last) Carr

4. DATE OF DEATH (Month) Dec. (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widower
8. DATE OF BIRTH May 28, 1880
9. AGE last birthday 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marion Carr
14. MOTHER'S MAIDEN NAME Martha Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Miss Helen Carr Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

If. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Dec 10, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 6.30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Snodgrass MD ADDRESS Darlington Md DATE SIGNED 12/10/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE Dec. 13, 1949
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec 11, 1949
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey, Darlington, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11823

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH · COUNTY: Harford · Army Chemical Center · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Georgia · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDGEWOOD · LENGTH OF STAY (in this place): DOA	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Atlanta
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 1294 Lucille Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) CARL	(Middle) B	(Last) COOPER	4. DATE OF DEATH	(Month) December (Day) 11 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 15 Nov 1919	9. AGE last birthday: 30 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: Pilot, US Air Force	11. BIRTHPLACE (State or foreign country): Cedartown, Georgia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME: Lulu Claude Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓	(If year, give war or dates of service): WW II	16. ~~XXXXXXXXXX~~ No.: A0663594	17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease with complete occlusion of posterior coronary in sulcus area.

420.0 Antecedent cause(s) (b) Ischemia, acute, severe, posterior area, left ventricle of heart muscle.

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from ... 19 ... to ... 19 ... that I last saw the deceased alive on ... 19 ... and~~ that death occurred at 2000 hrs. 11 Dec 1949 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leon A. P. Stein LEON A P STEIN	Captain, MC, Post Surgeon		13 Dec 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	12/14/49	CEDARTOWN, GA.	CEDARTOWN, GA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/49	G. W. Hedrick	Gilly & Zeiler Inc.	403 S. Wolfe St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11824

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rt #2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Cullum

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 29 1868

9. AGE last birthday: 81 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: William Cullum

14. MOTHER'S MAIDEN NAME: Martha Cullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 212-18-9307

17. INFORMANT: Mrs. John L. Cullum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of prostate with metastasis — 4

177

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

51b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Thrombosis of left foot

19a. DATE OF OPERATION: Dec. 19, 1949

19b. MAJOR FINDINGS OF OPERATION: Orchidectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1949, to 12/27, 1949 that I last saw the deceased alive on 12/27, 1949, and that death occurred at 1:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank A. Fargino M.D. 12/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 30, 1949

NAME OF CEMETERY OR CREMATORY: Mt Zion

LOCATION (City, town, or county) (State): Near Bel Air Md.

DATE REC'D BY LOCAL REG.: Dec. 28-49

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Henry Farring & Sons

ADDRESS: Aberdeen Md.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11825

Reg. Dist. No. .....

1. PLACE OF DEATH: Harford Co.
County Harford Nursing Home
City or town Baltimore/ Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 mo
Hospital, institution, or street address where death occurred:
4700 Harford Rd.
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 116 N. Linwood Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war No ✓

3.(a) FULL NAME TINA DIEGART (Christine) (TENE DIEGART)

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	Single

6.(b) Name of husband or wife XXXXXXXXXXXXXXXXXX
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1865

8. AGE: Years	Months	Days	If less than one day
84			..... hrs. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Valentine Diegart
13. Birthplace ?

MOTHER
14. Maiden name Minnie Gable
15. Birthplace ?

16. Informant Mr & Mrs Norman Kern
Address 439 N. Bouldin Street - 24

17. Burial Date thereof 12.20.49
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18. Funeral director HENRY SANDER & SONS, INC.
Address NORTH AVE. & BROADWAY -13^

19. 12/19/49 A.W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 19 49, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 19 49, to Dec 17 19 49 and that I last saw h-er alive on Dec 16 19 49

	DURATION
Immediate cause of death Cerebral Hemorrhage	2½ da
Due to Essential Hypertension ?	
Due to	
Other conditions Arteriosclerosis	

331
83a

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Willard P. Hudson MD
M. D., or other
Address Forest Hill Md Date signed 12/18/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

434

11826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joy (Middle) Margaret (Last) Dowling

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 10. 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James W Carroll

14. MOTHER'S MAIDEN NAME: Hanna E Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory failure — 1 hour

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Auricular F Fibrillation — 2 weeks

95a (c) Arteriosclerosis — 2 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — 19 47, to Dec 19 49, that I last saw the deceased alive on 24 Dec 19 49, and that death occurred at 4:25 A. m., from the causes and on the date stated above.

SIGNATURE: H. P. Sadwell (Degree or title) M.D. ADDRESS: Bel Air, Md DATE SIGNED: 25 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 27/49 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Fountain Green Harford Co Md

DATE REC'D BY LOCAL REG. 12/25/49 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Joseph T Foster — ADDRESS: Bel Air Md

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11827

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen.
STREET ADDRESS (If rural, give location) Dorsey Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Akins (Last) Edwards

4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 1st 1949
9. AGE last birthday yrs. If under 1 year Months Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Vasie Edwards
14. MOTHER'S MAIDEN NAME Ethel Akins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Vasie Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Patent Foramen Ovale

774 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

157e (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Dec 5, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE Wm Wolbert (Degree or title) M.D. ADDRESS Havre de Grace Md DATE SIGNED Dec 6. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 6, 1949
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) Near Aberdeen (State) Md

DATE REC'D BY LOCAL REG. Dec 6-49
REGISTRAR'S SIGNATURE Nellie H Riley
24. FUNERAL DIRECTOR Henry Torring & Sons ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11828

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford [redacted] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air | LENGTH OF STAY (In this place) 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Edgewood Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	A	EVANS	Dec	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Apr. 14 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plasterer		Baltimore	USA

13. FATHER'S NAME John A. Evans
14. MOTHER'S MAIDEN NAME Margaret Benjamin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-20-2706
17. INFORMANT Mrs Chas E. Keys 709 E St. Sparrows Point 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Colon — 5

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
153
462
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chr Myocardial Disease — >

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov 15, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 3, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson		Forest Hill Md	12/12/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 14, 1949	London Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/49	Priscilla Foxwood	Howard K. McComas & Son	Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1949
BUREAU V. S.

Evidence for addition in #18 shown on:

11829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 125 JAN 17 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POCOMOKE CITY
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) (Last) FOXWELL
4. DATE OF DEATH (Month) DEC. (Day) 24 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Feb. 11, 1886
9. AGE last birthday 63 yrs. If under 1 year Months 10 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MaryLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Peter DeShield
14. MOTHER'S MAIDEN NAME Elizabeth Dashiell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dale Dashiell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis

199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site unknown - (1/17/50-a.s.)

55e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1949, to 12/24, 1949, that I last saw the deceased alive on 12/24, 1949, and that death occurred at 9 30 a.m., from the causes and on the date stated above.

SIGNATURE Frank Faramo (Degree or title) M.D. ADDRESS Harford Mem. Hosp. DATE SIGNED 12/2 11/49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE THEREOF 12-27-49 NAME OF CEMETERY OR CREMATORY Asbury Cemetery LOCATION (City, town, or county) Princess Anne, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 25-49 REGISTRAR'S SIGNATURE G. L. Lewis M. D.
24. FUNERAL DIRECTOR Dashiell Funeral Home, Princess Anne, Md. ADDRESS
Dale Dashiell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11830

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen

LENGTH OF STAY (in this place) 4 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital Aberdeen PrGr, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace

STREET ADDRESS (If rural, give location) 875 Ontario Street

3. NAME OF DECEASED (Type or Print) (First) JOANNA (Middle) RUTH (Last) HARBERT

4. DATE OF DEATH (Month) Dec (Day) 21 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 7 September 49

9. AGE last birthday yrs. If under 1 year Months 3 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ———

10b. KIND OF BUSINESS OR INDUSTRY ———

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James M. Harbert

14. MOTHER'S MAIDEN NAME Joanna Emma Brosch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ———

16. SOCIAL SECURITY No. ———

17. INFORMANT AND ADDRESS (Father) 875 Ontario Street, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid Hemorrhage	3 days
454.6 Antecedent cause(s)	(b) Congenital Aneurysm Cerebral Vessel	3½ mo.
157d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec, 1949, to 21 Dec, 1949, that I last saw the deceased alive on 21 Dec, 1949, and that death occurred at ~~APG~~ 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stelio Impresa M.D. ADDRESS Station Hospital A.P.G. DATE SIGNED 21 Dec. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12/24/49 NAME OF CEMETERY OR CREMATORY Milligan Cove LOCATION (City, town, or county) Bedford Co. Pa (State)

DATE REC'D BY LOCAL REG. Dec. 22-49 REGISTRAR'S SIGNATURE Nellie H. Riley

24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11831

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ettie (Middle) M. (Last) Higgins

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 23 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wiley Blevins

14. MOTHER'S MAIDEN NAME: Nancy Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Wiley Higgins Bel-Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 days

442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 131a

(b) Arterio Sclerotic Cardio renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1949, to 12/27, 1949, that I last saw the deceased alive on 12/27, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Malcolm Dudley Phillips MD Darlington Md 12/29/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE: Dec. 29, 1949 | NAME OF CEMETERY OR CREMATORY: Oak Grove | LOCATION (City, town, or county): Harford Co. (State): Md

DATE REC'D BY LOCAL REG.: Dec 29, 1949 | REGISTRAR'S SIGNATURE: C. A. Kirk

24. FUNERAL DIRECTOR: H. D. Bailey | ADDRESS: Darlington Md.

VS. A15

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11832

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) W. (Last) Hillcoat

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: June 19 1879

9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Hillcoat

14. MOTHER'S MAIDEN NAME: Annie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Arthur Hillcoat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary Edema	10 min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Left Ventricular Failure	
	(c) Hypertensive Arteriosclerotic Cardiovascular dis.	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443
932

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Dec. 20, 1949, that I last saw the deceased alive on Dec. 17, 1949, and that death occurred at 9.40 A.m., from the causes and on the date stated above.

SIGNATURE: Dudley Phillips MD (Degree or title) ADDRESS: Darlington, Md DATE SIGNED: 12/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 22 1949 | NAME OF CEMETERY OR CREMATORY: Darlington Cem | LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Dec 21 1949 | REGISTRAR'S SIGNATURE: C. H. Kirk | 24. FUNERAL DIRECTOR: H. E. Bailey | ADDRESS: Darlington Md.

RECEIVED
JAN 10 1950
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 123 DEC 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11833

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Aberdeen
LENGTH OF STAY (in this place): 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Aberdeen
STREET ADDRESS (If rural, give location): Near Churchville

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) P. (Last) Holland.
4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1883
9. AGE last birthday: 66 ~~65~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Snowden
14. MOTHER'S MAIDEN NAME: Lydia Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: George R. Holland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal obstruction — 3 days

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma metastatic, breast — 1 yr

50 (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C.V. Disease — 3 yrs

19a. DATE OF OPERATION: Feb 1949
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to Dec, 1949, that I last saw the deceased alive on Nov 31, 1949, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE: J Ralph Horsey MD (Degree or title) — ADDRESS: Churchville — DATE SIGNED: Dec 2

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 3, 1949 — NAME OF CEMETERY ~~OR CREMATORY~~: Union M.E. — LOCATION (City, town, or county): Near Aberdeen (State): Md

DATE REC'D BY LOCAL REG.: Dec. 2 - 1949 — REGISTRAR'S SIGNATURE: Nellie H. Riley — 24. FUNERAL DIRECTOR: Henry Tarring & Sons — ADDRESS: Aberdeen, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11834

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen R.D.#2 — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen R.D.#2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Scott (Last) Hughes

4. DATE OF DEATH: (Month) December (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16 1854

9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Amos Hollis Hughes

14. MOTHER'S MAIDEN NAME: Hannah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Nolan S. Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval between onset and death: 4 years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1949, to ——, 19——, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 5A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Bel Air Md. Dec 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 20, 49 — NAME OF CEMETERY OR CREMATORY: Rock Run — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Dec 20, 1949 — REGISTRAR'S SIGNATURE: Bertha B. Knight

24. FUNERAL DIRECTOR: H. Madison Mitchell — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 29 1949
BUREAU V. S.

11835

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 136 Bloomsbury

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Huguenin (Last)

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 5 Days 20 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Gustave Huguenin

14. MOTHER'S MAIDEN NAME: Augusta Heinsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. —

17. INFORMANT: Esther D. Huguenin (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: one day

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 19 49 to 12-12, 19 49, that I last saw the deceased alive on 12-12, 19 49 and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE C. J. Smith (Degree or title) M. D. ADDRESS Havre de Grace DATE SIGNED 12-13-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial DATE 12/15/49 NAME OF CEMETERY OR CREMATORY Angel Hill LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Dec. 14-49 REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Cunnington & Son ADDRESS

DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11836

CERTIFICATE OF DEATH

Reg. Dist. No. 187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Edmund St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 114 Edmund St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) D. (Last) Kennedy
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 10, 1871
9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov. F.C.C.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William P. Kennedy
14. MOTHER'S MAIDEN NAME: Mary Ann Farrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lucy L. Osborn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1949, to Oct 10, 1949, that I last saw the deceased alive on Oct. 10, 1949, and that death occurred at 2:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Brown McDonald J., M.D. | Aberdeen Md. | Dec 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Dec. 4, 1949 | NAME OF CEMETERY OR CREMATORY Bakers | LOCATION (City, town, or county) Aberdeen. | (State) Md.

DATE REC'D BY LOCAL REG. Dec-2-49 | REGISTRAR'S SIGNATURE Nellie F. Riley.

24. FUNERAL DIRECTOR | ADDRESS
Henry Tarring & Sons, Aberdeen, Md.

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DEC 7 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11837

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 month 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 701 Market Street

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) (Last) Lockard

4. DATE OF DEATH (Month) December (Day) 11 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 6-24-1879
9. AGE last birthday 70 yrs. If under 1 year Months 5 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Lockard
14. MOTHER'S MAIDEN NAME Mary Creswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Peritonitis; Terminal Pneumonia

570.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction, due to

122 b (c) rotation of Bowel??

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lung Abscess, right base

19a. DATE OF OPERATION 11/11/49 11/19
19b. MAJOR FINDINGS OF OPERATION - Transverse colostomy - Resection of distal 3 ft. of ileum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1949, to 12/11, 1949, that I last saw the deceased alive on 12/11, 1949, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE Frank A. Farains (Degree or title) M.P. ADDRESS Harford Memorial Hosp DATE SIGNED 12/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12/13/49 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) North East, Md. (State)

DATE REC'D BY LOCAL REG. Dec 13-49 REGISTRAR'S SIGNATURE G. L. Lewis M. D. 24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

Evidence for addition in 18 shown on:

11838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 123 DEC 16 1949

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS Star Route (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lura Jane Wills (Middle) Mc Connell (Last)

4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 4, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mountain City, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Norman Russell Wills
14. MOTHER'S MAIDEN NAME Martha Carolina Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Franklin Hope Mc Connell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Primary Carcinoma Lung

162 Antecedent cause(s) (12/15/49 a.s.)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mineral Carcinomatosis

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Dec 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Charles J Foley (Degree or title) MD ADDRESS 327 S Union Ave Havre de Grace Md DATE SIGNED 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 9, 1949
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Dec. 9-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11839

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY HARFORD — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS APG. STATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE — STREET ADDRESS (If rural, give location) 4607 MANFIELD AVE.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) GRACE (Last) McCune

4. DATE OF DEATH: (Month) DEC. 18 (Day) (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: SEPT 6 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): NEW ORLEANS, La.

12. CITIZEN OF WHAT COUNTRY? YES

13. FATHER'S NAME: Thomas Tierney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Maj. Samuel J. McCune

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 487 1 (c) 107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age. Hypertension

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1949, to 12/18, 1949, that I last saw the deceased alive on 12/18, 1949 and that death occurred at 2.47 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William F. Kramer MD — A.P.G. Station Hospital Aberdeen Md. — 12/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 12/21/49 — NAME OF CEMETERY OR CREMATORY: Arlington Nat'l. Cemetery — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: Dec. 21-49 — REGISTRAR'S SIGNATURE: Nellie F. Tilly

24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring and Sons, Aberdeen Md.

RECEIVED
DEC 27 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11840

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 30 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GASTONIA RD #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FORNIE (Middle) JONES (Last) MOOSE
4. DATE OF DEATH: (Month) DECEMBER (Day) 24 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 3/1/1907
9. AGE last birthday: 42 yrs. If under 1 year: Months 9 Days 28 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Finishing
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Arthur Moose
14. MOTHER'S MAIDEN NAME: Florence Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT: Arthur Moose, West Gastonia, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:40 p.m. Dec. 24, 1949, to Dec 24, 1949, that I last saw the deceased alive on Dec. 24, 1949, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE E. K. Bichardt M.D. (Degree or title) ADDRESS Harford Memorial Hospital · Havre de Grace Md. DATE SIGNED Dec. 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/26/49 | NAME OF CEMETERY OR CREMATORY: Long Creek | LOCATION (City, town, or county) (State): Dallas N.C.

DATE REC'D BY LOCAL REG. Dec. 24-49 | REGISTRAR'S SIGNATURE G. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Ford - Riddle Funeral Home | ADDRESS: Gastonia, N.C.

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11841

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Maryland; STREET ADDRESS (If rural give location) Rural Route #3

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Jerry (Last) Moxley

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1949.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 4 Dec 49

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 3 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Olen Moxley

14. MOTHER'S MAIDEN NAME: Anna Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Harford Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 Immediate cause (a) Prematurity (24-26 weeks)

160c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Caesarean Section for placenta

(c) placenta.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 1949, to 4 Dec., 1949., that I last saw the deceased alive on 4 Dec, 1949., and that death occurred at 7 30 A.m., from the causes and on the date stated above.

SIGNATURE: R B Norment III (Degree or title) M.D. ADDRESS: Havre de Grace Md DATE SIGNED: 4 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Dec. 5 1949; NAME OF CEMETERY OR CREMATORY: Angel Hill; LOCATION (City, town, or county): Havre de Grace (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 5-49; REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace, Md.

VS. A15

RECEIVED
DEC 6 1949
BUREAU V. S.

11842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural — LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J. (Last) PENNINGTON

4. DATE OF DEATH: (Month) Dec. (Day) 10 – (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 27-1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pylesville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grafton DeVoe

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Wm. L. Snyder, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Insanition & Anemia (secondary)

155 Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Liver - Primary (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to Dec 10, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Josiah A. Hunt, M.D. — ADDRESS Delta, Pa. — DATE SIGNED Dec 10, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Dec. 12 1949 — NAME OF CEMETERY OR CREMATORY Slate Ridge cem. — LOCATION (City, town, or county) Delta, Pa. (State)

DATE REC'D BY LOCAL REG. Dec 11, 1949 — REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR Hubert P. Hopkins — ADDRESS Delta, Pa.

RECEIVED
JAN 10 1950.
BUREAU V. S.

11843

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Proving Ground
STREET ADDRESS (If rural, give location) Aberdeen, Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Albert (Last) Prosky
4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 19 49

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Aug. 14. 1929
9. AGE last birthday 20 yrs. If under 1 year: Months 3 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pearl Tree Soldier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Prosky
14. MOTHER'S MAIDEN NAME Anna Gotach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Pearl Tree
16. SOCIAL SECURITY NO. 188-22-9365
17. INFORMANT Andrew Zuder, Emergh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture skull	none
819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Superior Street (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Dec (Day) 12, (Year) 1949 (Hour) 2P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran his auto into excavator.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford County Bel Air, Md. DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/16/49
NAME OF CEMETERY OR CREMATORY Barnesboro Cem.
LOCATION (City, town, or county) Barnesboro, Pa. (State)
DATE REC'D BY LOCAL REG. Dec. 13-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR James J. Long, Barnesboro, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 15 1949.
BUREAU V. S.

11844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Maryland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	Green	Rees	December	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Nov. 11, 1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Merchant	✓	Maryland	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emmor Rees	Priscilla Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	No	Priscilla Rees Hanebury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure

420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cnuse stating the underlying cause last (b) Advanced arteriosclerotic disease of the heart, & the brain.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 21, 1949, to Dec 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 8 05 A. m., from the causes and on the date stated above.

SIGNATURE E. A. Bibbert (Degree or title) M.D ADDRESS Harford Memorial Hosp. Havre de Grace Md. DATE SIGNED Dec 6, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Dec 9 1949	Rock Run Cem.	Harford Co, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 7-49	A. L. Lewis M. D.	H. S. Bailey	Darlington, Md

RECEIVED
DEC 8 1949
BUREAU V. S.

Evidence for change of age shown on:

11845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 JAN 19 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port-Deposit
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Mertie (Middle) C. (Last) Roberts

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) Single — 8. DATE OF BIRTH: April 27 1883 — 9. AGE last birthday: 66 67 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Port Deposit Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Roberts — 14. MOTHER'S MAIDEN NAME: Lydia Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): No — 16. SOCIAL SECURITY No.: no — 17. INFORMANT AND ADDRESS: Alvin Roberts - Christiana Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrial Hemorrhage — 6 hrs.

Antecedent cause(s)

260
61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1949, to Dec 31, 1949, that I last saw the deceased alive on Dec 31, 1949 and that death occurred at 6 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

F. P. Snodgrass M.D. — Darlington Md. — 12/31/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 4. 1950 — NAME OF CEMETERY OR CREMATORY: Church of God Cemetery — LOCATION (City, town, or county) (State): Washington Boro, Lanc. Co. Pa

DATE REC'D BY LOCAL REG.: Jan 4, 1950 — REGISTRAR'S SIGNATURE: C. H. Kirk — 24. FUNERAL DIRECTOR — ADDRESS

H. S. Bailey, Darlington, Md.

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11846

Reg. Diat. No. 180

1. PLACE OF DEATH:
County HARFORD
City or town EDGEWOOD, MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 YEARS
Hospital, Institution, or street address where death occurred:
—
How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME MARY MAGDLINE ROBINSON

3.(b) Social Security Number 220-22-0016

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife George L. Robinson 6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1895

8. AGE:

Years	Months	Days	If less than one day
54	1	20	... hrs. ... min.

9. Birthplace Kentucky (Louisville)
(Town, county, and state)
10. Usual occupation Gas Mask Factory
11. Industry or business U.S. Government
FATHER 12. Name M. Mullen
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace
16. Informant George L. Robinson
Address Edgewood Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13 1949 (month) (day) (year)
Cemetery or crematory St Francis
Location Abingdon Md
19. Funeral director Howard R. McKenna & Son
Address Abingdon Md

19 Dec 13 (Date rec'd by registrar) 19 49 Mame M. Monkedale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 DEC. 1949, at 3:40P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 MAY 1949, to 10 DEC. 1949 and that I last saw her alive on 8 DEC. 1949

Immediate cause of death	DURATION
CARCINOMATOSIS	7 MOS.
Due to CARCINOMA OF BREAST	
Due to —	
Other conditions 170	
50 (Include pregnancy within 3 months of death)	

Major findings of operations — Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. W. Stewart Jr. M.D. (M.D. or other)
Address EDGEWOOD, MD. Date signed 10 DEC. 49

PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
DEC 16
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

11847

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) James (Last) Ryan

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) — 8. DATE OF BIRTH: ? — 9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on — 10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): New York — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-05-9532

17. INFORMANT: B S Jordan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	none
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford County Bel Air Md 12/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 3 1950 — NAME OF CEMETERY OR CREMATORY Harford Co Cem — LOCATION (City, town, or county) (State) Harford Co Md

DATE REC'D BY LOCAL REG. Jan 3 1950 — REGISTRAR'S SIGNATURE C A Kirk — 24. FUNERAL DIRECTOR H S Bailey — ADDRESS Darlington Md

RECEIVED
JAN 12 1950
BUREAU V. S.

11848

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: HARFORD

City or town: EDGEWOOD, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 20 Pine Street
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: CHRISTOPHER SCHINDELE

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Margaret D. Schindele

6.(c) If alive, give age: 48 years

7. Birth date of deceased (mo., dsy, yr.): Nov. 22, 1880

8. AGE: Years	Months	Days	If less than one day
69			..... hrs. ..... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Photographer

11. Industry or business: Retired - 8 Mo.

FATHER
12. Name: Christopher Schindele
13. Birthplace:

MOTHER
14. Maiden name: Marie ?
15. Birthplace:

16. Informant: Mrs. Margaret Schindele
Address: 20 Pine St. Edgewood, Md.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: 12/8/49 (month) (day) (year)

Cemetery or crematory: ~~Mt. Carmel~~ Baltimore Cem. *

Location: Baltimore, Md.

18. Funeral director: HENRY SANDER & SONS, INC.
Address: NORTH AVE. & BROADWAY - 13

19. 12/6 1949 (Date rec'd by registrar) A. W. Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5 DEC. 1949 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 OCT. 1947 to 5 DEC. 1949 and that I last saw him alive on 29 NOV. 1949

Immediate cause of death: CORONARY OCCLUSION

Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to: 420.1 93d

Other conditions: AURICULAR FIBRILLATION
(Include pregnancy within 3 months of death)

DURATION: 2 YEARS 2 MOS.

Major findings of operations: —

— Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: C. W. Stewart Jr., M. D.
M. D. or other

Address: EDGEWOOD, MD. Date signed: 5 DEC. 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

* Authorization to change cemetery - phone call from Mrs. Sanders, Funeral Director - 12/8/49.

ams

MARYLAND STATE DEPARTMENT OF HEALTH

11849

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: HARFORD Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DARLINGTON
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DARLINGTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Scott

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: NOV 18 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: General Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WAKEMAN HOPKINS SCOTT

14. MOTHER'S MAIDEN NAME: FLORRIE HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~V~~ (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-18-2247

17. INFORMANT: MARTHA S. SCOTT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound cerebrum — Interval between onset and death: mins

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 976 (c) 164a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Darlington (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Gerald C Palmer (Degree or title): MD Deputy Medical Examiner ADDRESS: Harford Co. Bel Air, Md DATE SIGNED: 12/20/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: Dec. 23, 1949
NAME OF CEMETERY OR CREMATORY: DARLINGTON Cem
LOCATION (City, town, or county) (State): DARLINGTON Harford Co. Md.

DATE REC'D BY LOCAL REG.: Dec 21, 1949
REGISTRAR'S SIGNATURE: C. H. Kirk Jr.

24. FUNERAL DIRECTOR: H. S. Bailey ADDRESS: Darlington Md.

RECEIVED
JAN 10 1950
BUREAU V. S.

11850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair (Rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 41 Liberty Parkway ✓

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) Montgomery (Last) Simpson
4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1949

5. SEX	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Widowed	Feb 18 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Foreman	Bethlehem Steel Co	Virginia	

13. FATHER'S NAME Hugh Simpson
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Wm. Simpson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 3½ da

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. Arteriosclerosis — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 18, 1949, to Dec 21, 1949, that I last saw the deceased alive on Dec 21, 1949, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D.	Forest Hill Md	12/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 23, 1949	Oak Lawn Cemetery	Baltimore Co.,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/22/49	Priscilla Fawcett	Roland L. Fisher,	Dundalk, Md.

RECEIVED
DEC 4 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11851

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford Co Rural — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fawn Grove Pa R D 2. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fawn Grove Pa R D 2.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wilbur	W.	Smithson	Dec	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	March 9 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming Work	Harford Co Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas P Smithson	Mary E Smithson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	John Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition & severe secondary anemia, Cachexia.	
Antecedent cause(s)	(b) Probably a carcinoma Sigmoid, rectal	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Bleeding. No chance to confirm by X-ray.	

153

46 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec. 10, 1949., to Dec. 19, 1949., that I last saw the deceased alive on Dec. 18, 1949., and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Norman H. Gemmill, M.D.	Fawn Grove, Pa.	12/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 21, 1949	St Pauls	Hereford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/20/49	Priscilla Foxwood	W Howard Webb	Fawn Grove Pa

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11852

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 310 Hollingsworth Manor

3. NAME OF DECEASED (Type or Print): (First) Kathy (Middle) Mae (Last) Soles

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 5 December 49

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 9 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Seymour Loyd Soles

14. MOTHER'S MAIDEN NAME: Vivian Amelia Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fetal Asphyxia

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 159 (b) Premature (34 weeks)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec, 1949, to 6 Dec, 1949, that I last saw the deceased alive on 6 Dec, 1949, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

SIGNATURE R. B. Norment (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED 12-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/6/49 | NAME OF CEMETERY OR CREMATORY Angel Hill | LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REG. Dec. 6-49 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace | ADDRESS

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11853

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Churchville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Thomas (Last)

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 1-1869

9. AGE last birthday: 80 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: (Unknown) Thomas Thomas

14. MOTHER'S MAIDEN NAME: (Unknown) Ella King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Clark Fitzpatrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 2 hrs

332

Antecedent cause(s)

836 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arteriosclerosis — 5 ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-depressive Psychosis — 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1949, to Nov 23, 1949, that I last saw the deceased alive on Nov 23, 1949, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D. Forest Hill Md 12/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec 2/1949 — NAME OF CEMETERY OR CREMATORY: Bel Air County Home — LOCATION (City, town, or county) (State): Near Bel Air, Md

DATE REC'D BY LOCAL REG. 12/2/49 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Joseph T Foster — ADDRESS: Bel Air Md

VS. A15

MARGIN RESERVED FOR BINDING

Y WITH UNFADING INK. Every item of information should be ca[illegible]ully supplied. The
[illegible]portant. Physicians: please write the causes of death clearly [illegible] leg[illegible].

CERTIFICATE OF DEATH

Registered No. 185

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William I. Tretick

2. DATE OF DEATH: Dec 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aberdeen Md

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5 S Belair Rd Aberdeen Md

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Divorced	March 16, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Taxicab Co Owner		Baltimore Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Tretick	Goldie Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W.W I		Meyer Tretick	5036 Pembridge Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

420.1 ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

940

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	M.D.	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil H Rogen			1/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Jan 3, 1950	Oheb Shalom Cemetery	Bsltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-3-50		Sol Levinson	1126 W North Ave

11854

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
LENGTH OF STAY (in this place) 15 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Patsy (Middle) Ann (Last) Weeks

4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 16 49
9. AGE last birthday — yrs. If under 1 year Months — Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Street Md
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Roy L. Weeks
14. MOTHER'S MAIDEN NAME Eula Dixon Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Roy L Weeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

491

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lewis C Palmer MD Deputy Medical Examiner Harford County Bel Air Md 12/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 2 1950
NAME OF CEMETERY OR CREMATORY Jarrettsville
LOCATION (City, town, or county) Jarrettsville Harford (State) Md

DATE REC'D BY LOCAL REG. 12/1/50
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin G Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11855

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace, MD
LENGTH OF STAY (In this place) 59 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) (Last) WHITAKER

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 3-16-1894

9. AGE last birthday: 55 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: EDMUND WHITAKER

14. MOTHER'S MAIDEN NAME: MARY NASSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mary Whitaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 **Immediate cause** (a) Intestinal Cachexia

49a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis of Ovarian Origin

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 8, 1949

19b. MAJOR FINDINGS OF OPERATION: Adenoma Carcinoma of ovaries

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1949, to Dec 14, 1949, that I last saw the deceased alive on Dec 13, 1949, and that death occurred at 2.40 A. m., from the causes and on the date stated above.

SIGNATURE E. H. Bishop M.D. (Degree or title) ADDRESS Harford Memorial Hosp., Havre de Grace DATE SIGNED Dec. 14, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-17-1949

NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural.

DATE REC'D BY LOCAL REG. Dec. 15-49

REGISTRAR'S SIGNATURE G. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS: Lee A. Patterson & Son. Perryville, Md.

VS. A15

RECEIVED
DEC 17 1949
BUREAU V. S.

11856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) Juniata, Ext.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Clay (Last) Whitney
4. DATE OF DEATH (Month) Dec. (Day) 11 (Year) 49
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 12, 1879
9. AGE last birthday 70 yrs. If under 1 year: Months 1 Days 29 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ice Dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havre de Grace
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. G. Whitney
14. MOTHER'S MAIDEN NAME Elizabeth Harwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sadie E. Whitney (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artery Sclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1943 to 12/11, 1949, that I last saw the deceased alive on 12/11, 1949 and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley ADDRESS Havre de Grace Md DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/14/49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace Md.
DATE REC'D BY LOCAL REG. Dec. 14-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11857

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse | LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse
STREET ADDRESS (If rural, give location) White Hall, R.D.

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) Louisiah (Last) Wilson

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: March 31 1861 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months — Days 5 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household Duties | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Fawn Grove, Pa (Rural) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Park Richardson | 14. MOTHER'S MAIDEN NAME: Sallie ann Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Mrs Wm Trayer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, Lobar, Rt. Lower Lobe.

490

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

102

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949 to Dec 5, 1949, that I last saw the deceased alive on Dec 5, 1949 and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. James Thomson M.D. | ADDRESS Jarrettsville, Md | DATE SIGNED 12-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec 8-49 | NAME OF CEMETERY OR CREMATORY Norrisville Methodist | LOCATION (City, town, or county) Norrisville Harford (State) Md

DATE REC'D BY LOCAL REG. 12/9/49 | REGISTRAR'S SIGNATURE Priscilla Fowood | 24. FUNERAL DIRECTOR Martin F. Kurtz | ADDRESS Jarrettsville Md

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11858

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural, give location) 403 Market St.

3. NAME OF DECEASED (Type or Print) (First) Morgan (Middle) C. Williams (Last)

4. DATE OF DEATH (Month) Dec. (Day) 17, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 1, 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James W. Williams
14. MOTHER'S MAIDEN NAME Rebecca Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ella D. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Prostate Gland

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Lung

(c) Cachexia

177
51b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to Dec 17, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley (Degree or title) MD ADDRESS Havre de Grace Md DATE SIGNED 12/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 20, 1949
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Dec. 19-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1949
BUREAU U. S.